

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3		2		2			
4		2		2			
5		2		2			
6		2		2			
7		2		2			
8	1		1				
9	1		1				
10		1		1			
11		2		2			
12	1		1				
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TOTAL IND.	↓	3	↓		↓		
TOTAL DEP.		17					
TOTAL CLAIMS		16					

	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	↓		↓		↓		↓	
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS